

Confederated Tribes of Siletz Indians

Whistleblower Disclosure Form

Overview:

The process for reporting is simple:

- 1) First, tell us what happened, through a series of questions
- 2) Next, tell us how we can contact you regarding this concern.
You can be anonymous, but protections may not apply.
- 3) Submit the report

Email to: whistleblower@ctsi.nsn.us

or

Mail to: Internal Audit Director
2120 NW 44th St, Suite E
Lincoln City, OR 97367
(clearly mark as confidential)

SECTION 1: Issue Type *Select One or More*

Employee Relations



Conflict of Interest - Personal

Any personal interest, any business or professional activity or relationship, prior or current employment, or any obligation that may interfere with the ability to objectively perform job duties and responsibilities or impair independence and objectivity.

Environmental, Health and Safety



Environment, Health and Safety

Conduct, actions, policies or practices that either violate local, provincial or federal environmental, health or safety laws or regulations or may cause or result in potentially hazardous conditions that impact the environment or the health or safety of employees, customers or others.



Work Environment

Unethical/improper behavior by management or staff, unfair treatment, harassment, adverse working conditions, wrongful termination, discrimination, retribution/retaliation.



Workplace Safety and Regulatory Violations

Violations of safety or health regulations or policies (e.g., medical waste disposal, storage of drugs, firehazards, faulty equipment, OSHA issues), violent, disrupting, or threatening behavior in the workplace, drug/alcohol abuse (possession, use, sale), negligent behavior.

Financial Concerns



Accounting and Auditing Practices

Statements or actions that violate or conflict with either internal policies, procedures, or practices or government regulations related to the detailed reporting of the financial state or transactions of an organization or the examination, verification, or correction of its financial accounts.



Conflict of Interest - Financial

Any financial interest, any business or professional activity, prior or current employment, or any obligation that may interfere with the ability to objectively perform job duties and responsibilities or impair independence and objectivity.



Financial Management/Business Practices

Questionable accounting or auditing practices, tax issues, questionable contracts/agreements, vendor billing issues, failure to maintain a document properly, falsification of information.



Gifts, Bribes and Kickbacks

Payments, payments in kind, gifts, bribes, extensions of credit or benefits extended to or received by customers, employees, suppliers, vendors, competitors, directors, officers, auditors, government employees, government officials or agencies, or other parties that are unlawful, improper, or designed to influence business decisions or political processes.

Misuse or Misappropriation of Assets



Disclosure of Confidential Information

The unauthorized or illegal disclosure, copying, duplication, misuse or release of confidential or personal data including but not limited to employment, financial, medical and health, customer lists, contracts, business plans, personnel records or other property marked or generally regarded as confidential or trade secrets.



Fraud or Embezzlement

Fraud/false claims, embezzlement, theft of money or property, false expense reports/vouchers, bribery/kickbacks, corrupt practices involving with state employees or contractors.



Misuse of Resources

The improper, unauthorized or unlicensed use of property or resources for non-business related reasons or purposes including improper use of systems and timekeeping.



Theft

The unauthorized removal or taking of supplies, equipment, furniture, fixtures, products, cash, merchandise or other tangible property.

Policy and Process Integrity



Antitrust or Fair Trading

Discussions or agreements with competitors about prices or credit terms, submission of bids or offers, allocation of markets or customers, restrictions on production, distribution or boycotts of suppliers or customers that would result in monopolization or anticompetitive markets.



Espionage or Sabotage

Actions that result in the gathering, receipt or acceptance of non-public confidential information or trade secrets about competitors to gain a competitive advantage or the deliberate destruction, disruption or damage to a competitor's equipment or property for competitive advantage or gain.



Falsification or Destruction of Information

Statements or actions that encourage or result in unlawful, untimely, false or intentional misrepresentation, concealment or destruction of information in order to deceive or mislead.



Quality Control

Complaints about product or service quality or effectiveness; allegations of product tampering; violation of policies and practices for manufacturing controls; allegations of non-compliance with product standards or service delivery.

Other



Procedural and Information Matters

Policy clarification, concerns or frustrations not associated with other categories, requests for information.

SECTION 2: Concern Details

Please provide a brief description of the issue (200 characters max).

Please provide more detail on the concern (5000 characters max).

Use this area to provide as many specific details as possible about your issue. Details should include: date and time the issue occurred and whether its recurring, people involved, description of the issue, the reason you are reporting

What is your involvement in the issue?

- It happened to me
- I was involved
- I observed it
- I overheard it
- Someone told me about it

What is the date of the most recent occurrence?

Do you believe that anyone has taken steps to hide this issue?

- Yes
- No
- I do not know

Where did the issue occur?

- At a location of CTSI
- At an off-site location
- I do not know

Is this an ongoing issue?

- Yes
- No
- I do not know

Have you reported this issue to anyone within the organization?

- Yes
Who?
- No

Have you reported this to anyone outside CTSI?

- Yes
Who?
- No

What is your relationship to CTSI?

- CTSI Employee
- Tribal Member
- Vendor
- Other

Where did it happen? *(Please enter any additional address information that you have for this location)*

Who was involved? *(Please list the people involved in the issue other than yourself and roles in the issue)*

Role	Name	Job Title	Contact Info (phone/email)

How may we contact you?

Please tell us how we may contact you regarding your concern. If you do not want to provide your name and contact information, we may not be able to communicate back with you.

- I do not want to provide my name.
- I want to provide my name and contact information:

Name:

Mailing Address:

City, State, Zip:

Phone Number:

Email Address: